

ASSESSMENT OF ISCHEMIC HEART DISEASE TREATMENT IN DIABETES MELLITUS TYPE 2 PATIENTS

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A diabetes mellitus is one of the most common diseases in the world. According to prognosis of the World Health Organization the amount of patients with this disease will increase to approximately 366 million persons to 2030. Patients with diabetes mellitus type 2 have ischemic heart disease in 2-4 times more often than without it because of diabetes mellitus is the leading pathogenetic factor of development cardiovascular complications.

According to the Ukrainian health care protocols (Order of Ministry of Health Care Order from 03.07.2006 № 436) patients with ischemic heart disease should get therapy includes antiaggregants, nitrates, calcium channel blockers, angiotensin-converting enzyme inhibitors, β -blockers, antihypertensive agents and other.

In the prescription of antianginal drugs patients with diabetes mellitus type 2 we take into account non-selective β - blockers increase insulin resistance of peripheral tissues and lead to the development of dyslipidemia. We should prefer selective β -blockers, especially with vasodilating effect (nebivolol, carvedilol), that increase tissue insulin sensitivity. Nitrates are metabolically neutral, but tolerance to this group develops quickly, it reduces their effectiveness. In patient with diabetes mellitus we should prefer calcium channels blockers, because they do not have negative effect on the insulin sensitivity of peripheral tissues, and lipid metabolism.

Among hypolipidemic drugs most preferable for patients with a diabetes mellitus are statins, because they do not require control of peroral hypoglycemia therapy. Nicotinic acid negatively change carbohydrate metabolism, this effect is related to increasing insulin resistance. During prescription of fibrates it is necessary dosage of hypoglycemic agents carefully, because they can promote a hypoglycemic effect. Bile acid sequestrants are indicated to diabetic patients with high cholesterol and normal concentration of triglycerides in the blood, especially at concomitant kidney failure or liver insufficiency.

Patients with diabetes mellitus must take drugs for the prevention and treatment of thrombotic events because they slowly develop cardiovascular disease.

Angiotensin-converting-enzyme (ACE) inhibitors have positive effect on carbohydrate metabolism. Medicines of this group promote sensitiveness to insulin and improve mastering of glucose, which requires decline of dose of hypoglycemic agents.

Thiazide diuretics in high doses have hyperglycemic and hyperlipidemic effect; therefore for patients with a diabetes mellitus it is necessary to replace them on thiazide –like diuretics.

Cardiac glycosides are indicated in patient with chronic heart failure. In diabetes mellitus these drugs should be prescribed in ketoacidosis, accompanied by tachycardia and lower blood pressure.